

CARES Worker Web		User ID: XCT752	User Name: V GNANAMANI	Quick Select: CASE/RFA	Go	Help	Logout
SYSTEMS		Primary Person : SARA JOHN 28F PP		RFA: N/A	Status: N/A	Type: FoodShare	
03/08/2006							

Registration

Cancel

Application Information

*First Name

MI

*Last Name

Suffix

Social Security Number

SARA

JOHN

Address

Populate with office address (for homeless Primary Persons)

Number

Unit

Direction

*St / Rural Rt / Box Number

Suffix

Quadrant

Apt

MAIN ST

Additional Address Info

*City

*State

*ZIP

MADISON

WI - WISCONSIN

53983

Census Tract

Region Number

1

Other Information

Date of Birth

*Applicant Signature

*Date Signed

Telephone Number

*Did you use the ACCESS online screening tool prior to applying?

07 / 07 / 1977

03 / 08 / 2006

Y - Yes

Priority Service Information

Did your household receive FoodShare benefits this month?

Is anyone in the household a migrant or seasonal farm worker?

If "Yes" did his/her income recently stop?

Will s/he receive more than \$25 in income from a new source in the next ten days?

What is your household's total gross income for this month? (Gross income is your income before taxes and other deductions.)

What are your household's total available assets? (Examples of assets include cash, bank accounts, stocks, bonds, IRAs, certificates of deposit and Keogh plans.)

Total income and assets

What are your shelter expenses for this month? (Examples of shelter expenses include rent or mortgage payments for an apartment, house or mobile home lot.)

What are your total utility expenses for this month? (Examples of utility expenses include gas, electric, water, sewer and trash removal.)

Total shelter/utility expenses

N - No

N - No

N - No

N - No

\$

\$

\$

\$

\$

Additional Information

*Language:

*County / Tribe

*Office

Assigned Worker

*Date Received

E - ENGLISH

40 - MILWAUKEE COU

5040

XCT752

03 / 08 / 2006

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Applicant Information

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Name of Person Completing Application if Other Than the Applicant

Last Name	MI	First Name	Suffix	Relationship to Applicant	Do you live in the household?

Applicant Information

*Last Name	MI	*First Name	Suffix	Select the language in which you want your notices printed	Primary Language Spoken in your Home
JOHN		SARA		ENGLISH	ENGLISH

Residence Address

Number	Unit	Direction	*St / Rural Rt / Box Number	Suffix	Quadrant	Apt
			MAIN ST			

Additional Address Info

*City	*State	*ZIP	Phone
MADISON	WI - WISCONSIN	539383 -	

Mailing Address only if different from your residence

Number	Unit	Direction	St / Rural Rt / Box Number	Suffix	Quadrant	Apt

Additional Address Info

City	State	ZIP
		-

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Household Information

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Household Information

Individual Information

*Last Name	*First Name	MI	Suffix	Is this person applying for FoodShare benefits?	
JOHN	SARA			Yes	
SSN	Date of Birth	Gender	Marital Status Code	Are you a US citizen?	
	07 / 07 / 1977	FEMALE	MARRIED	Yes	
American Indian / Alaskan:	No	Asian:	No	Black / African American:	No
Hawaiian / Other Pacific Islander:	No	White:	No	Hispanic:	No
<input checked="" type="checkbox"/> Populate unknown responses as No					
Relationship to Applicant	Do you share food with this person?	Do you provide care for this person?			

*Last Name	*First Name	MI	Suffix	Is this person applying for FoodShare benefits?	
JOHN	ROBERT			Yes	
SSN	Date of Birth	Gender	Marital Status Code	Are you a US citizen?	
	07 / 07 / 1975	MALE	MARRIED	Yes	
American Indian / Alaskan:	No	Asian:	No	Black / African American:	No
Hawaiian / Other Pacific Islander:	No	White:	No	Hispanic:	No
<input checked="" type="checkbox"/> Populate unknown responses as No					
Relationship to Applicant	Do you share food with this person?	Do you provide care for this person?			
HUSBAND	No	No			

Add

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CARES

Worker Web

SYSTEMS

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Student Information

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Question

Is there anyone 18 - 49 years of age attending school? Yes

Details

Name of the Student
SARA JOHN 28F

Name of School
UW

Enrollment
FULL TIME

Is the student employed at least 20 hours per week:

Is the student caring for a child 6-12 years of age where adequate daycare is not available:

Is the student participating in a federal or state funded work-study program:

Is the student attending school due to placement through Workforce Investment Act (WIA), Wisconsin Works (W-2) or FoodShare Employment and Training (FSET):

Is the student caring for a child under 6 years of age:

Is the student a single parent caring for a child under 12 years of age and attending school full time:

Is the student unable to work due to a temporary or permanent disability:

Name of the Student
ROBERT JOHN 30M HUS

Name of School
MATC

Enrollment
FULL TIME

Is the student employed at least 20 hours per week:

Is the student caring for a child 6-12 years of age where adequate daycare is not available:

Is the student participating in a federal or state funded work-study program:

Is the student attending school due to placement through Workforce Investment Act (WIA), Wisconsin Works (W-2) or FoodShare Employment and Training (FSET):

Is the student caring for a child under 6 years of age:

Is the student a single parent caring for a child under 12 years of age and attending school full time:

Is the student unable to work due to a temporary or permanent disability:

Cancel ☐

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Non Financial Information Cancel <input type="checkbox"/> <input type="button" value="Reset"/>							
Pregnancy							
Is any member of your household pregnant?		<input type="button" value="Yes"/>	Name of pregnant woman	Due Date			
			JOHN SARA 28F	03 / 30 / 2006			
<input type="button" value="Add"/>							
Injury/Illness							
Is anyone in the household temporarily unable to work due to injury or illness?		<input type="button" value="Yes"/>	Name of Person	When will this person be able to return to work			
			ROBERT JOHN 30M HUS	03 / 08 / 2006			
<input type="button" value="Add"/>							
Disability							
Has anyone been found totally disabled by the Social Security Administration (SSA), Veteran's Administration(VA) or Railroad Retirement Board?		<input type="button" value="Yes"/>	Name of Person	Date of disability determination			
			SARA JOHN 28F	03 / 01 / 2006			
			ROBERT JOHN 30M HUS	03 / 02 / 2006			
<input type="button" value="Add"/>							
Drug Felony							
Has anyone been convicted of a drug felony?		<input type="button" value="No"/>	Name of Person	Date of Conviction			
				MM / DD / YYYY			
<input type="button" value="Add"/>							
Parole Violation							
Is anyone a fleeing felon or in violation of probation/parole?		<input type="button" value="No"/>	Name of Person				
<input type="button" value="Add"/>							
Cancel <input type="checkbox"/>						<input type="button" value="Previous"/> <input type="button" value="Next"/>	

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Absent Parent Information

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Question
Do any children (including unborn children) have a natural or adoptive mother or father who is not living at home? Yes

Details

First Name UNKNOWN	MI []	Last Name UNKNOWN	Social Security Number []-[]-[]	Date of Birth MM/DD/YYYY
Names of Children <input type="checkbox"/> SARA JOHN 28F <input type="checkbox"/> ROBERT JOHN 30M HUS <input checked="" type="checkbox"/> UNBORN		Relationship to Child LEGAL/ADJ FATHER		
Reason for Parents Absence ABANDONED		Date Parent Left Household 03/01/2006	Date Last Contact with Parent 03/01/2006	
Court Order of Divorce / Paternity Case number []		County []	State []	

Add

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Employment

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Questions
Is any household member working (including self-employment)? Yes Is anyone listed below a migrant worker? No

Details

Name of Person Working SARA JOHN 28F		Employer Name MCDONALDS		State WISCONSIN		ZIP 52732
Employer's Address REGENT ST		City MADISON		State WISCONSIN		ZIP 52732
Date employment began 03/01/2006	Pay Period M - MONTHLY	No of Hours in Pay Period 0.0	\$ Per Hour \$ 8.00	Gross earnings Per Pay Period \$ 222.00		

Name of Person Working ROBERT JOHN 30M HUS		Employer Name BURGER KING		State WISCONSIN		ZIP 53762
Employer's Address PARK ST		City MADISON		State WISCONSIN		ZIP 53762
Date employment began 03/01/2006	Pay Period M - MONTHLY	No of Hours in Pay Period 0.0	\$ Per Hour \$ 9.00	Gross earnings Per Pay Period \$ 123.00		

Add

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Loss of Employment

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Question
Has anyone recently ended employment? **Yes**

Details

Name of Person SARA JOHN 28F	Employer Name TACO BELL	City MADISON	State WISCONSIN	ZIP 38383
Employer's Address PARK ST	Date Employment Ended 02 / 02 / 2006	Reason Employment Ended BE - BETTER EMPLOYMENT OFFER	Has this Person applied for unemployment insurance? No	

Name of Person ROBERT JOHN 30M HUS	Employer Name ARBYS	City MADISON	State WISCONSIN	ZIP 563763
Employer's Address WATTS RD	Date Employment Ended 01 / 01 / 2006	Reason Employment Ended CE - COMPARABLE EMPLOYMENT	Has this Person applied for unemployment insurance? No	

Add

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Unearned Income

Cancel ☐ Reset

Question
Does anyone in your household receive unearned income? **Yes**

Details

Type of Income ANNUITIES	Name ROBERT JOHN 30M HUS	Gross Monthly Amount \$ 123 . 00
Type of Income CHLD SUPP COLL & RTND BY STATE	Name SARA JOHN 28F	Gross Monthly Amount \$ 322 .

Add

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FoodShare Menu >	
Expenses Cancel <input type="checkbox"/> Reset	
Child Care	
Question Does anyone pay for child or adult care so they can work, look for work, go to school or receive training? Yes	
Details	
Who pays for child/adult care? ROBERT JOHN 30M HUS	
Who is paid? SARA JOHN 28F	Last Name First Name Organization Name
Who is it for? SARA JOHN 28F	Amount \$ 123 .00
How often paid? MONTHLY	
Add	
Child Support	
Question Is anyone court-ordered to pay child support? Yes	
Details	
Who pays child support? ROBERT JOHN 30M HUS	Who receives the child support payments? N/A
Amount \$ 123 .00	How often paid? MONTHLY
Add	
Who pays child support? ROBERT JOHN 30M HUS	Who receives the child support payments? N/A
Amount \$ 212 .00	How often paid? MONTHLY
Add	
Medical Expenses	
Question Does any elderly or disabled household member have out-of-pocket medical expenses? Yes	
Details	
Who is the expense for? SARA JOHN 28F	What are the expenses? ATTENDANT
Amount \$ 122 .00	How often paid? MONTHLY
Add	
Who is the expense for? ROBERT JOHN 30M HUS	What are the expenses? DAY CARE SERVICES
Amount \$ 213 .00	How often paid? BI-WEEKLY
Add	
Shelter Costs	
Question Does anyone in the household have shelter costs? Yes	
Details	
Who pays the expense? SARA JOHN 28F	What is the expense? MORTGAGE
Amount \$ 111 .00	How often paid? BI-WEEKLY
Add	
Who pays the expense? ROBERT JOHN 30M HUS	What is the expense? HOMEOWNER'S INSURANCE
Amount \$ 22 .00	How often paid? IRREGULAR
Add	
Housing Assistance	
Do you receive housing assistance? RENT SUBSIDY	
Utility Expenses	
Question Does anyone in the household have utility expenses? Yes	
Details	
Who pays the expense? ROBERT JOHN 30M HUS	What is the expense? COAL
Amount \$ 43 .00	How often paid? MONTHLY
Add	
Who pays the expense? ROBERT JOHN 30M HUS	What is the expense? ELECTRICITY
Amount \$ 54 .	How often paid? MONTHLY
Add	
Heating Assistance	
Have you received heating assistance at this address? Yes	Date heating assistance received? 03 / 03 / 2006
Cancel <input type="checkbox"/> Previous Next	

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Medicaid Supplement to FoodShare Application							
Cancel <input type="checkbox"/> Reset							
Applicant Information							
Name							
First Name	MI	Last Name	Suffix				
Address							
Number		Unit	Direction	St / Rural Rt / Box Number	Suffix	Quadrant	Apt
				MAIN ST			
Additional Address Info							
City			State		ZIP		
MADISON			WI - WISCONSIN		39383		
Pregnancy							
Question							
Is any member of your household pregnant?							
Details							
Name of pregnant woman	Due Date	Are multiple births expected?			Number of babies expected		
		No			0		
Insurance Access							
In the current month or in the last 18 months, have you or any employed person in your household been eligible to apply for any family coverage under an employer-provided major medical plan for which your employer contributed at least 80% of the premium?							
Yes							
Which family member(s) could have been insured under this health plan?							
<input checked="" type="checkbox"/> SARA JOHN 28F <input type="checkbox"/> ROBERT JOHN 30M HUS							
Future Insurance Access							
In the next 12 months, will you or any member of your household be able to enroll in an employer-provided major medical plan at your current employer?							
Yes							
Which family member(s) can be insured under this health plan?							
<input checked="" type="checkbox"/> SARA JOHN 28F <input type="checkbox"/> ROBERT JOHN 30M HUS							
What is the date you will be able to enroll?				What is the date coverage will begin?			
03 / 01 / 2006				03 / 01 / 2006			
Medical Insurance							
Question							
Does any person have medical/health insurance coverage now, or in the previous three months?							
Yes							
Details							
Name of Insurance Company: GREATWEST							
Address:							
City:		State:					
ZIP:							
Policyholder's Name		Last Name		MI	First Name		
SARA JOHN 28F							
Policy Number		Date Began		Date Ended			
		MM / DD / YYYY		MM / DD / YYYY			
Who is covered under this policy?							
<input checked="" type="checkbox"/> SARA JOHN 28F <input type="checkbox"/> ROBERT JOHN 30M HUS							
Cancel <input type="checkbox"/> Previous Next							

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Notes

Current Size = 0 characters (260 characters max.)

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Submit Application

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Section Information
You have entered information for the following sections in the FoodShare Mail-in Application.

Section Name	Data Entered
Applicant Information	YES
Household Information	YES
Student Information	YES
Non Financial Information	YES
Absent Parent Information	YES
Employment	YES
Loss of Employment	YES
Unearned Income	YES
Expenses	YES
Medicaid Supplement to FoodShare Application	YES
Notes	NO

Submit Application

*Applicant Signature ☐ *Date Signed MM/DD/YYYY

Did you use the online screener (ACCESS)? ☐

Please click the 'Submit' button to submit the information to CWW.

Cancel ☐ Previous Submit